	MULTIPI	LE DEPENDE	T CLAIM	SERIAL N	0.	FILING D	
	FEE CALCYIN ATION SHEET				15623	37 FILING 1	ATE
	(FOR USE H FORM PTO-875)				NT(S,		
CLAIMS							
	AS FILED	AFTER	AFTER			AFTER	
1		I"AMENDMENT .	3 MAMENDMENT		AS FILED	1"AMENDMENT.	AFTER 1 MAMENDMENT
	IND. DEP.	IND. DEP.	IND. DEP.		IND. DEP.	IND. DEP.	IND. DEP.
2				51	·		MAD. DEP.
3	I.			52 53			
4 5	-			54			
6	1			55			
7	A			<u>56</u> 57	· · · · · ·		
8				58			
10	V			59		,	
11	V			60			
12 13				62			
14	1			63			
15	V.			65			
16 17				66			
18				67			
19				68			
20				70			
22				71 72			
23				73			
24 25	-1/-			74			
26	1			75 76			
27 - 28	1			77			
29			·	78			
30	V,			79 80			
31 32				81			
33				82			
34				84			
35 36				85			
37				86			
38				88			
39. 40		7		89			
41				90			
42				92			
44				93			
45		/	·	94			
46		/		96			
48				97			
49				98			
50				100			
OTAL IND.		4	4	TOTAL IND.	1	1	1
TAL DEP	6-	3 4	4	TOTAL DEP			
TOTAL CLAIMS	5	Y		TOTAL			
				CLAIMS			
TTO - 1360 (REV. 11/04)							